

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/25/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST GALES ESTATES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7411 LEE'S CHAPEL ROAD GREENSBORO, NC 27405</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of a Complaint Investigation by Frank Strickland on 08/25/2016:  Records indicate this facility was first licensed on 10/21/1996. The facility is currently licensed for 60 Beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.  The Complaint is SUBSTANTIATED for the facility having bed bugs.  Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, this facility has failed to keep the facility free of bed bugs with no bed bug protocol. This is a harm to the residents, guests and staff.	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 164	<p>Continued From page 1</p> <p>Findings on 0/25/2016: The following resident rooms have been identified for having bed bugs: (a) Room E10: Treated (b) Room E12: Treated (c) Room M7: No Treatments (d) Room M12: No Treatments (e) Room A5: No Treatments (f) Room A6: No Treatments (g) Room A7: No Treatments (Visual verifications) (h) Room A9: No Treatments</p> <p>2- Based on observations, this facility has failed to keep the facility free of bed bugs with unsuccessful housekeeping practices. This is a harm to the residents, guests and staff.</p> <p>Findings on 0/25/2016: The floors and walls around the resident beds have bed bug markings and are not clean.</p> <p>3- Based on observation, this facility has failed to clean the furniture after bed bug treatment. This makes monitoring the elimination of bed bugs difficult.</p> <p>Findings on 08/25/2016: (a) Room E10 was treated for bed bugs and had remains of dead bed bugs in the top drawer of the clothing dresser.</p>	C 164		